

**Spine & Sports Center of Chicago, Ltd, 430 W Erie St., Suite 403,
Chicago, IL 60661 Telephone: 312-846-6647 Fax: 312-846-6817**

Insurance Verification

Please call your insurance company to verify your benefits prior to your first visit at Spine & Sports Center of Chicago. We are "In-Network" with BlueCross Blue Shield PPO only; all other insurance carriers are "Out-of-Network". Make sure you state that when you call.

Patient Name: _____ Date of Birth: ____/____/____

Insurance ID: _____ Group # _____

Insurance Company _____

Primary Card Holder Patient Y / N: if no who is _____

Relationship to: _____ Date of Birth: ____/____/____

Date and Time Called: _____ Reference #: _____

Please ask the following questions:

Policy Effective Date _____

Deductable per Calendar Year _____ Amount Met _____

Policy year begins on January 1st? **Yes No** If no, when? _____

Is there a pre-existing condition on this policy **Yes No** If yes, when does it expire ____/____/____

Does this plan require pre authorization / pre notification / or pre certification **Yes No**

How is an office visit covered?

Coinsurance %: _____ Copay: _____ Max Benefit Amount \$ _____ Max # of Visits/Year _____

How is chiropractic care covered?

Coinsurance%: _____ Copay: _____ Max Benefit Amount \$ _____ Max # of Visits/Year _____

Out of pocket \$ _____

How is physical therapy covered?

Coinsurance%: _____ Copay: _____ Max Benefit Amount \$ _____ Max # of Visits/Year _____

Out of pocket \$ _____

How is acupuncture covered? Does the doctor have to be a licensed MD **Yes No**

Coinsurance%: _____ Copay: _____ Max Benefit Amount \$ _____ Max # of Visits/Year _____

Out of pocket \$ _____

How are codes 97140 and 97124 covered?

Coinsurance%: _____ Copay: _____ Max Benefit Amount \$ _____ Max # of Visits/Year _____